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CRISIS IN CARE



Hawaii hospitals quietly prepare for flu outbreak

LAST OF THREE PARTS - CRISIS IN CARE

By Helen Altonn
haltonn@starbulletin.com

Hawaii could have up to 5,000 hospital admissions -- twice the statewide capacity -- in the first eight weeks if an avian flu pandemic strikes, health officials say.

Compounding a potential public health disaster, hospitals already are operating at full capacity with busy emergency departments and a shortage of on-call specialists and nurses.

And Hawaii officials have been told not to expect any federal help in a pandemic, said Toby Clairmont, Healthcare Association of Hawaii emergency program manager. "We're assuming we're on our own."

However, the state's health leaders and institutions are not just waiting for something to happen.

Considerable progress has been made to prepare for a natural, bioterrorism or pandemic disaster, Clairmont and Rich Meiers, association president and chief executive officer, said in a recent interview.

The association, which represents all hospitals, nursing facilities and other Hawaii health care providers, has been working with the state Department of Health for several years on preparedness plans and response actions.

"A pandemic is really inevitable, whether it is this virus or not," Dr. Paul Effler, chief of the Health Department's Disease Outbreak Control Division, told several hundred community representatives at a recent pandemic influenza summit. "We have to prepare."

The U.S. Centers for Disease Control and Prevention estimated Hawaii would have 5,000 new hospitalizations and 1,000 deaths every eight weeks for 18 months, Clairmont said.

Making matters worse, about 25 percent to 30 percent of health care workers will not go to work because they will be sick or caring for kids, with schools closing, he said.

"It's easier to cope with a problem that comes at you all at once," he said. If pandemic flu comes here, "it will sneak up on us," he said. "Then one day, it will just take off and there will be a logjam."

The health department has a surveillance system with doctors to try to detect cases early, and hospitals will coordinate a response with the state agency, Clairmont said.

Hospitals can then discharge patients who are there for elective procedures and absorb a certain number of flu patients, he said. But ultimately, adjustments in the standard of care will be necessary to meet the demand, he added.

Strategies to increase beds, optimize staffing, reduce nonessential demands, move resources among hospitals and adjust the standard of care have been defined to cope with the surge of casualties, he said.

The prime strategy is to keep people at home where possible to conserve critical resources and coordinate information to encourage public cooperation, Clairmont said.

"I know there is a sense of safety that some parts of the public adopt that government or the military will come in and save the day," state Health Director Chiyome Fukino said at the pandemic flu summit.



RICHARD WALKER / RWALKER@STARBULLETIN.COM

Toby Clairmont, left, emergency planning manager with the Healthcare Association of Hawaii, and Rich Meiers, the organization's CEO and president, talked last month about the state of emergency health care in Hawaii.

But residents should make disaster preparations, as well as the government and military, health officials emphasize.

The Health Department has published a "Pandemic Influenza Preparedness & Response Plan" and held many meetings with government, military and civilian leaders to discuss response to a possible H5N1 flu pandemic.

Hospital executives meet monthly at the health care association to discuss trauma, terrorism and other health care issues, and they have "an excellent relationship" with the Health Department that does not exist in other states, Meiers said.

For example, he said, many hospitals on the mainland never receive federal bioterrorism money that is distributed to the state governments, but here they have.

Among actions taken with federal funding the past couple years, Clairmont and Meiers said:

- » About \$750,000 has been spent to upgrade isolation rooms in hospital emergency rooms.

- » Nearly \$3 million in supplies and equipment have been provided to hospitals to be self-sufficient for 72 hours. "That's how long it would take to mobilize support," Clairmont said.
- » Personal protective equipment and supplies that must be maintained in a controlled environment are being stored by the health care association.
- » Supplies and equipment are being increased, with another \$200,000 budgeted this year to build up enough for six weeks, and more will be purchased until there is enough for an eight-week outbreak.
- » A logistics center was established near town to store medical equipment, pharmaceuticals and other sensitive and costly equipment. It is staffed by four people, including Clairmont.
- » Clairmont said the association is "buying time" from hospital experts in various specialties to go to other hospitals and provide training. "Equipment was big in 2005-2006," Meiers said. "Now, training is real big, along with more equipment."
- » An emergency operating center was set up in the municipal building with computers and an array of communication systems.

Communications have been improved dramatically with satellite phones, digital voice and computer-based systems, Meiers said, recalling the inability to communicate with anyone on Kauai during Hurricane Iniki in 1992.

"Every single hospital has a system and can talk point to point or to the whole group," Clairmont said. The operating center can talk to the hospital CEOs, and "they can make strategic decisions as senior leaders of hospitals," he said.

- » A Web-based system has been initiated to facilitate written communication and management of resources. "We're the only state to do that for every hospital, including the operating center and DOH," Clairmont said.
- » The state's fourth response trailer, a little 20-bed hospital equipped with everything from oxygen and stretchers to diapers, is being purchased this year. The field units can be set up on the grounds of any hospital on Maui, Kauai, the Big Island and Oahu, or they can be put together for a bigger facility.
- » Clairmont organized a disaster medical assistance team with health care volunteers who assisted with Hurricane Katrina recovery and flew on Coast Guard planes to pick up neighbor island patients during the recent Hawaii Air Ambulance crisis.

Team members still fly with the Coast Guard about once a month to pick up patients weighing more than 400 pounds.

The Coast Guard also would fly infectious disease patients, such as an avian flu suspect, who cannot go on commercial flights. Clairmont said.

"We have an isolation chamber, the only capability in the Pacific for a highly infectious patient," Clairmont said.

The last Legislature appropriated \$11 million requested by Gov. Linda Lingle to stockpile antiviral medications for a possible avian flu pandemic and establish a data management system to track cases.

"Even though we're well prepared, we're still going to have huge problems," Meiers said.

Still unresolved are the lack of on-call ER specialists, a nurses shortage, doctors leaving the state because of malpractice and reimbursement issues, few specialists on the neighbor islands and regulations requiring most patients showing up at emergency rooms to be seen by a physician.

People moving to the neighbor islands with a lot of money expect great health care, Meiers said, pointing out that if the health system's problems are not solved, "They're going to pull out of here. That's going to have a big impact on the tax base."

Added Clairmont, "My concern is as the trauma system erodes, and it is eroding around the country, we get closer and closer to creating a disaster because we haven't been planning resources for routine predictable events very well."

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